

PLEASE COMPLETE IN FULL  
MAIL OR FAX TO:

**DEPARTMENT OF LABOR  
DIVISION OF EDUCATION AND TRAINING  
1047 US 127 SOUTH, STE 4  
FRANKFORT, KY 40601  
FAX: (502) 564-4769**

## **Request for Occupational Safety and Health Training**

### **REQUESTING PARTY**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMPANY OR ORGANIZATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

NAICS CODE: \_\_\_\_\_

### **REQUESTING COURSE SUBJECT(S)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **ANTICIPATED LOCATION OF COURSE(S)**

Location	Address
_____	_____
_____	_____
_____	_____
_____	_____

**APPROXIMATE NUMBER OF STUDENTS:** \_\_\_\_\_

### **OTHER PERTINENT INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_

I am authorized by my employer to request training from the KY Dept of Labor OSH Education and Training

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

